

TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	39908-6214
	First named inventor	Anand Kumar
	Express mail label #	EL964456455US
	Date of mailing	<u>November 10, 2003</u>
Application Elements		Accompanying Application Papers
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Specification containing 42 pages (including Claims and Abstract).</p> <p> a. Title: HIGH DATA RATE COMMUNICATION SYSTEM FOR WIRELESS APPLICATIONS</p> <p> b. Number of claims: 39</p> <p>3. <input checked="" type="checkbox"/> 14 sheets of drawings</p> <p>4. <input type="checkbox"/> Declaration</p> <p>5. <input type="checkbox"/> Sequence Listing</p> <p> <input type="checkbox"/> Paper copy (identical to computer copy)</p> <p> <input type="checkbox"/> Computer readable copy</p> <p> <input type="checkbox"/> Verified statement</p>		<p>6. <input type="checkbox"/> Copy of assignment documents from parent applications</p> <p>7. <input type="checkbox"/> Preliminary Amendment</p> <p>8. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>9. <input type="checkbox"/> Small Entity Statement</p> <p>10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.</p> <div data-bbox="1230 930 1401 1140" style="text-align: center;"> </div> <p>SIGNATURE OF ATTORNEY/AGENT</p> <p>HELLER EHRMAN WHITE & McAULIFFE LLP</p> <p><i>David A. Hall</i></p> <p>David A. Hall Registration Number: 32,233</p>
<input type="checkbox"/> Benefit of priority:		
CORRESPONDENCE ADDRESS		
NAME	David A. Hall Registration No. 32,233 Heller Ehrman White & McAuliffe LLP	
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246	
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17707 U.S. PTO

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	39908-6214
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FEE CALCULATION FOR CLAIMS AS AMENDED


a)	Basic Fee	\$770/\$385	<u>\$385.00</u>
b)	Independent Claims	<u>5</u> - 3 = <u>2</u> x \$86/\$43	<u>\$ 86.00</u>
c)	Total Claims	<u>39</u> - 20 = <u>19</u> x \$18/\$9	<u>\$171.00</u>
d)	Fee for Multiple Dependent Claims	= \$280/\$140	<u>\$ 0.00</u>
TOTAL FILING FEE			<u>\$642.00</u>

☒ Applicant is a small entity.

☒ A check is enclosed in the amount of \$642.00 to cover the fee for filing the application.

☐ Charge \$_____ to Deposit Account No. 50-1213.

☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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	Telephone: (858) 450-8400			Facsimile: (858) 587-5360	
Submitted by:					
Typed or printed name	David A. Hall			Reg. Number	32,233
Signature		Date	11/10/03	Deposit Account	50-1213